

PATENT
Attorney Docket No.: 2517DIV2CON
(203-3449DIV2CON)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Helmut Kayan, et al. Examiner: VI X Nguyen
Serial No.: 10/751,579 Group Art Unit: 3734
Filed: 01/05/2004 Confirmation #: 3084
For: **BLOOD VESSEL CLIP AND APPLIER**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Attn: ISSUE FEE

**RESPONSE TO PART B - FEE TRANSMITTAL WITH
NOTICE OF ALLOWANCE**

Sir:

Part B - Fee Transmittal (attached) was received by Applicant(s) with the Notice of Allowance dated June 3, 2009. However, the Applicant(s) received a Part B - Fee Transmittal (dated January 10, 2006 -- attached) and paid the \$1400 Issue Fee and the \$300 Publication Fee (total \$1,700) on March 31, 2006 with Deposit Account 21-0550 and acknowledged by the USPTO (attached stamped return Post Card).

The Applicant(s) withdrew the application from issue (petition granted attached) noting the Issue Fee paid on March 31, 2006 could be applied towards the issue fee of a new Notice of Allowance. No Issue Fee credit to Deposit Account 21-0550 for this Application has been given to date.

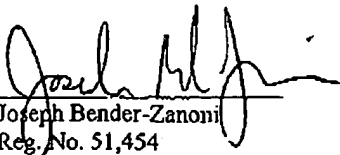
Hence, Applicant(s) believe \$110 Issue Fee balance to be due as \$1400 was paid March 31, 2006. Please charge the Deposit Account No. 21-0550 \$110 after credit of \$1400. Applicant(s) believe no Publication Fee is due.

Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550.

Respectfully submitted

8/21/09
Date

Tyco Healthcare Group LP
60 Middletown Avenue
North Haven, CT 06473


Joseph Bender-Zanoni
Reg. No. 51,454

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

AUG 21 2009

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

01/10/2006

Mark Farber, Esq.
U.S. Surgical, a Division of
Tyco Healthcare Group LP
150 Glover Avenue
Norwalk, CT 06856

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Susan S. Rickard

(Depositor's name)

3/29/06

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/751,579

01/05/2004

Helmut Kayen

2517DIV2CON
(203-3449DIV2)

3084

TITLE OF INVENTION: BLOOD VESSEL CLIP AND APPLICATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$1700

04/10/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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JACKSON, GARY

3731

606-143000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 N/A

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

General Surgical Innovations, Inc.

North Haven, CT, US

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 21-0550 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Michael D. Switzer

Date

3/29/06

Typed or printed name

Michael D. Switzer

Registration No.

39,552

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(F)



Serial No. 16/751,579 Docket No. 2517DN42 Group 3731 ATTY: MDS

TITLE: Blood Vessel Clip Application Inventor/Applicant: KAYAN ET AL

Patents:

- ☐ A patent application including pages of abstract, specification and claims
- ☐ (Continuation) (Divisional) (CIP) (Provisional) Appln
- ☐ sheets of drawing ☐ formal ☐ informal
- ☐ Declaration of POA ☐ executed ☐ unexecuted
- ☐ Assignment ☐ executed ☐ unexecuted
- ☐ Recordation Form Cover Sheet
- ☐ Application Transmittal Letter
- ☐ Amendment
- ☐ Fee Transmittal
- ☐ Petition and Fee for Extension of Time
- ☐ Information Disclosure Statement
- ☐ Submission of Formal Drawings
- ☐ PTO Form 1499 and Copies of Cited References
- ☒ Issue Fee Transmittal (42 COPIES)
- ☐ Appt. of Representative
- ☐ Power of Attorney
- ☐ PCT Request Form
- ☐ Request for Continued Examination

Trademarks:

- ☐ Application (ITU) (Actual Use)
- ☐ Drawing Page (of the Mark)
- ☐ Transmittal Letter
- ☐ Statement of Use
- ☐ Petition for Extension of Time
- ☐ specimens of the mark
- ☐ Response
- ☐ Combined Sects. 8 & 9
- ☐ Combined Sects. 8 & 15

- ☐
- ☐
- ☐
- ☒ Certificate of Mailing
- ☐ Certificate of Express Mailing
- No. _____
- ☒ Return postcard
- DATE 3/29/06

Serial No. 16/751,579 Docket No. 2517DN42 Group 3731 ATTY: MDS

TITLE: Blood Vessel Clip Application Inventor/Applicant: KAYAN ET AL

Patents:

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- ☐ Power of Attorney
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- ☐ Request for Continued Examination

Trademarks:

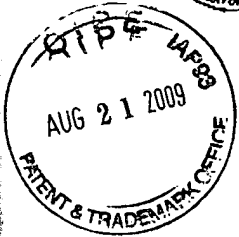
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- DATE 3/29/06

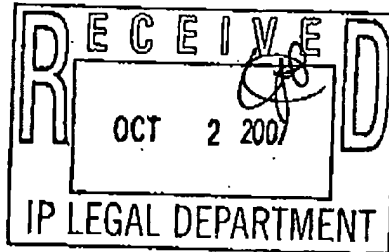


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COVIDIEN
60. MIDDLETOWN AVENUE
NORTH HAVEN, CT 06473



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SEP 28 2007
OFFICE OF PETITIONS

In re Application of
Helmut Kayan et al
Application No. 10/751,579
Filed: January 5, 2004
Attorney Docket No. 2517DIV2CON
(203-2449DIV2)

: DECISION GRANTING PETITION
: UNDER 37 CFR 1.313(c)(2)

F.4.I.

This is a decision on the petition, filed September 27, 2007, under 37 CFR 1.313(c)(2) to withdraw the above-identified application from issue after payment of the issue fee.

The petition is GRANTED.

The above-identified application is withdrawn from issue for consideration of a submission under 37 CFR 1.114 (request for continued examination). See 37 CFR 1.313(c)(2).

Petitioner is advised that the issue fee paid on March 31, 2006 in the above-identified application cannot be refunded. If, however, the above-identified application is again allowed, petitioner may request that it be applied towards the issue fee required by the new Notice of Allowance.¹

It does not appear that the present petition is signed by an attorney of record. However, in accordance with 37 CFR 1.34(a), the signature of Dana M. Brussel appearing on the correspondence shall constitute a representation to the United States Patent and Trademark Office that this attorney is authorized to represent the particular party in whose behalf he acts. If Mr. Brussel desires to represent applicant herein, the appropriate power of attorney documents must be submitted.

It is further noted that the petition asks that correspondence in this matter be sent to the address noted on the petition. However, as there is no indication that Mr. Brussel was ever given a power of attorney herein and absent a formal request to change the correspondence address of record, correspondence will continue to be

¹ The request to apply the issue fee to the new Notice may be satisfied by completing and returning the new Part B - Fee(s) Transmittal Form (along with any balance due at the time of submission). Petitioner is advised that the Issue Fee Transmittal Form must be completed and timely submitted to avoid abandonment.

Application No. 10/751,579

Page 2

mailed to the address indicated in the request to change the address of record filed on August 1, 2007, which is the above address on this decision. A courtesy copy of this communication is being mailed to the addresses noted on the petition.

Telephone inquiries should be directed to the undersigned at (571) 272-3218.

This matter is being referred to Technology Center AU 3734 for processing of the request for continued examination under 37 CFR 1.114 and for consideration of the Information Disclosure Statement.


Frances Hicks

Petitions Examiner
Office of Petitions

cc:

Carter, DeLuca, Farrell & Schmidt, LLP
445 Broad Hollow Road - Suite 225
Melville, NY 11747

Chief Patent Counsel
Tycó Healthcare Group
195 McDermott Road
North Haven, CT 06473

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